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(this book)
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Book 1 is written for doctors. It is an attempt to explain acupuncture in terms of science.

Books 2 to 5 explain acupuncture in the traditional Chinese manner and are suitable for doctors and others interested in Far Eastern philosophy and medicine. Book 2 is a general introduction, whilst books 3 to 5 describe specific aspects.

Books 1 to 5 taken together, constitute a Textbook of Acupuncture.

Book 6 is for the non-medical reader, who wants a grasp of the essentials of acupuncture in a few hours.

ACUPUNCTURE

The Ancient Chinese Art of Healing

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Third Edition



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produces coupled meridians. The Chinese use the term outside and inside meridians (instead of coupled meridians) in reference to say the outer part and the lining of a coat, or in this context to the outer and inner part of the limbs.

		Coupled meridians or organs
Anterior or Yin	Lung	}
Posterior or Yang	Large intestine	
"	Stomach	}
Anterior or Yin	Spleen	
"	Heart	}
Posterior or Yang	Small intestine	
"	Bladder	}
Anterior or Yin	Kidney	
"	Pericardium	}
Posterior or Yang	Triple warmer	
"	Gall bladder	}
Anterior or Yin	Liver	

Each of the coupled meridians belongs to one of the five elements as discussed in the next chapter.

VI

THE FIVE ELEMENTS

'The five elements: wood, fire, earth, metal, water, encompass all the phenomena of nature. It is a symbolism that applies itself equally to man.'
(Su Wen)

The Chinese divided the world into five elements and everything on the earth was considered to belong, by its nature, to one or several of these five categories. These will recall to mind the

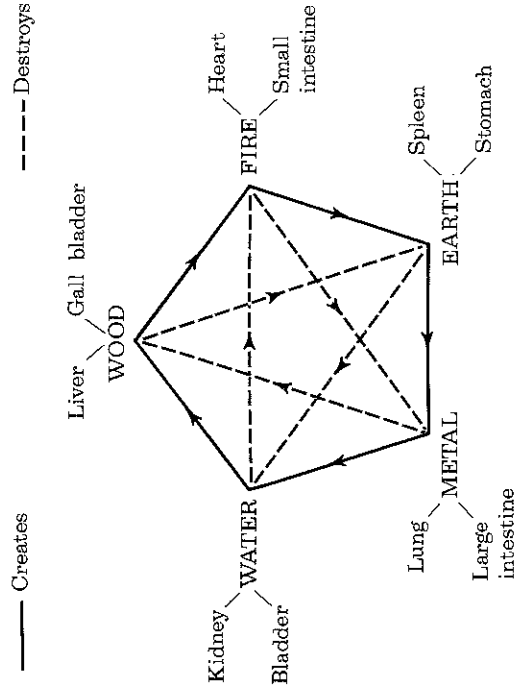


FIG. 6.1

purifying and sedating the liver fire will not directly cure spermatorrhoea, balancing the liver fire to reduce the clearing and purging will restore the kidneys naturally to their proper function. This is what is meant by: 'If full, sedate the son.'

(d) A general physical weakness will often produce aching of

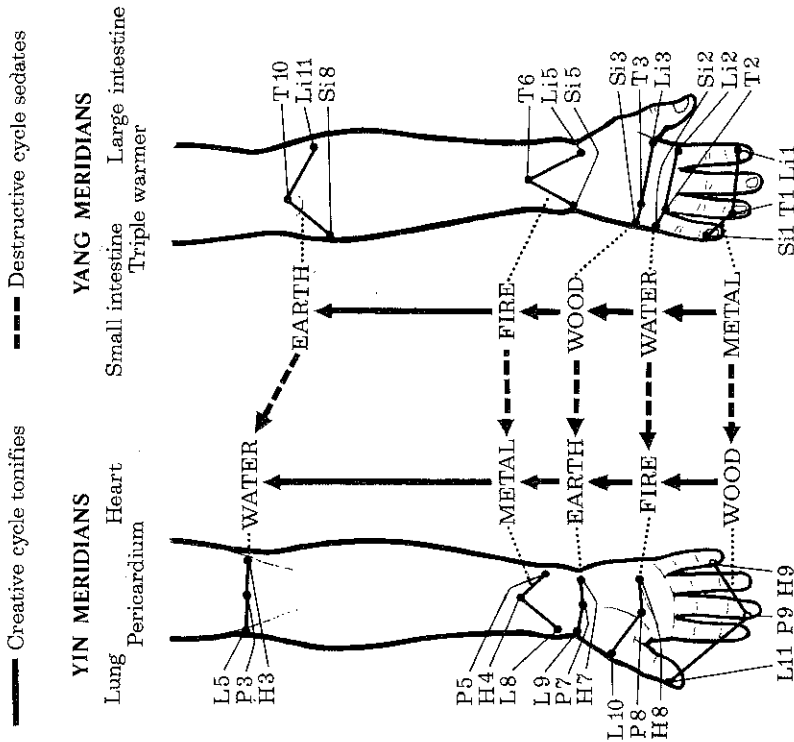


FIG. 6.3

the loins, lack of strength in the legs, dreaming, insomnia and nervousness. This is usually caused by deficiency of the heart and kidneys. Patients will also often suffer from spontaneous sweating and spermatorrhoea because, kidney water being absent and heart fire disquieted, water and fire are not co-operating.

The appropriate treatment is to cause water and fire to assist one another, so as to restore the relation between kidneys and heart.

The Five Element Acupuncture Points

The general classification of the five elements is worked out in greater detail for those acupuncture points that lie between the fingertips and the elbow, and between the tips of the toes and the

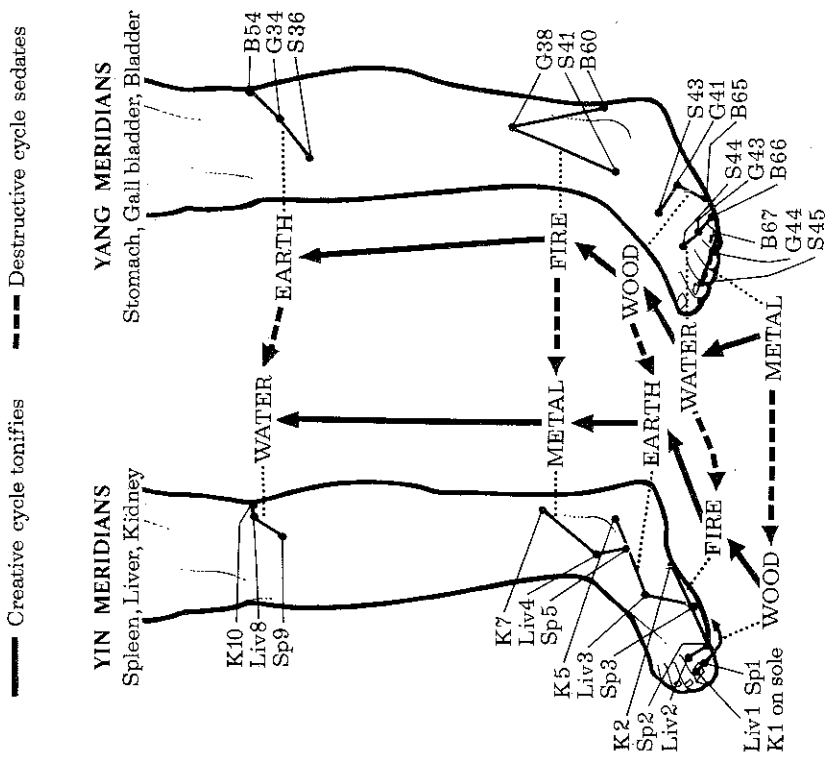


FIG. 6.4

knees, a series of points whereby it is possible to treat nearly any disease, wherever it may appear on the body, without having recourse to any other acupuncture points (Fig. 6.3 and 6.4).

biliary colic, the cardiac symptoms, although they are more severe, being secondary to the law 'midday—midnight', to the gall bladder.

2. I have noticed that if I have treated a patient's heart by acupuncture rather too powerfully, that he may have biliary colic, lasting for about half an hour round about midnight of the same day.

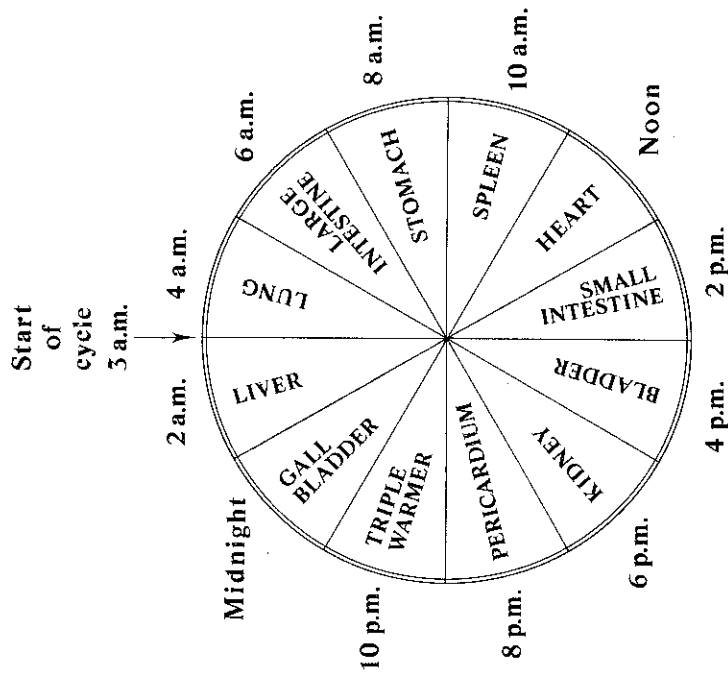


FIG. 7.1

3. Possibly the relation (if it is true) between angina pectoris and the continual excessive eating of saturated fatty acids or carbohydrates may one day be explained by means of a lipolytic function of bile or the metabolism of the liver.

The 'midday—midnight' law is applied as follows:

If an organ is stimulated by a moderate stimulus only the organ itself is effected. If the same organ is strongly stimulated, the organ with which it is connected by the law 'midday—midnight', is

D

stimulated in the opposite sense. This law is more effective if a Yin organ is stimulated at a Yin time (midday to midnight) and if a Yang organ is stimulated at a Yang time (midnight to midday).

e.g. If the kidney is tonified in the afternoon (Yin organ, Yin time) it will cause sedation of the large intestine. If the kidney (Yin) had been stimulated in the morning (Yang) the effect would not have been so great.

Although the law 'midday—midnight' stipulates that if the one organ is tonified then the other organ is automatically sedated, in actual practice the energetics are usually found to equalise each other so that both organs more nearly approach the normal. Hence, in the above example, if the kidney is tonified in the afternoon the large intestine will, as a result, be sedated. If, however, the large intestine were already in an under active state, it would be tonified by tonifying the kidney.

Physiological Relationships

There are relationships between the various organs which are not covered by the actual laws of acupuncture, but a physiological relationship between those in question is obvious at a glance. They are mentioned in Zhenju Dacheng (II, p. 18v):

Liver	to help its function, sedate the large intestine
Large intestine	If ill, tonify the liver
Spleen	If ill, disperse the small intestine
Small intestine	If ill, disperse the spleen

Relation of Meridian and Region of Body

A relationship between the meridians treated and a region of the body is part of ancient tradition. It is rarely used in practice today. Ling Tschou, Tsa tcheng loun stated in 250 B.C.:

'For diseases of the upper part of the body stimulate, above all, the meridian of the large intestine.'

'For diseases of the central part of the body the meridian of the spleen.'

'For diseases of the lower part of the body, the meridian of the liver.'

'For diseases on the front of the chest, the meridian of the stomach.'

'For the back, the meridian of the bladder.'

'This is the most important part of the secret doctrine.'

The first column in chapter VI, section 'treatment via law of five elements,' following this reasoning, gives the points of tonification of all meridians, which is printed below. The point of tonification is on the meridian whose function it controls (Fig. 8.1).

Meridian	Point
Lungs	point L9 (which is also the source)
Large intestine	point Li11
Stomach	point S41
Spleen	point Sp2
Heart	point H9
Small intestine	point Si3
Bladder	point B67
Kidney	point K7
Pericardium	point P9
Triple warmer	point T3
Gall bladder	point G43
Liver	point Liv8

When a point of tonification is stimulated various results take place, some direct and some indirect. The indirect effects are as a rule of secondary importance, so that sometimes they may be neglected; though it can happen that they are of such importance that they even overshadow the primary effect of the direct tonification of the meridian, there being no appreciable direct effect and an overwhelming indirect effect. It is for this reason that all the direct and indirect effects must be taken into account with each and every point stimulated, so that no unwished for results occur. The conditions revealed by the pulse diagnosis will decide which of the various actions and reactions will take place.

DIRECT RESULTS

(a) The meridian itself is tonified, e.g. if the point Heart 9 (H9) is tonified, the meridian of the heart is tonified. This is shown by a greater strength of the pulse of the heart.

This effect is by far the most important of all the effects produced by stimulating a point of tonification (e.g. H9).

INDIRECT RESULTS

(b) The meridian in rapport with the meridian tonified by the law

VIII

THE MAIN CATEGORIES OF ACUPUNCTURE POINTS

The thousand or so acupuncture points may be divided into various categories, all points in each category having similar properties.

Points of Tonification

The point of tonification of a meridian is the 'mother' point of its own element, i.e. the liver belongs to the element wood. The 'mother' (preceding element) of wood is water. Therefore the point of tonification is the water point—liver 8 (see chapter VI).

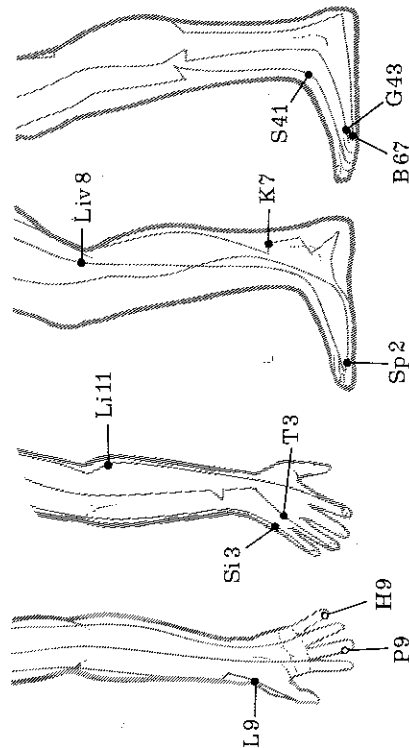


FIG. 8.1 Points of tonification

'husband-wife' is sedated if it is in excess, e.g. if the heart is tonified, the lung is sedated. This is because as a rule not much energy is created de novo; the deficiency in the heart is made up by passing a part of the excess of energy in the lung over to the deficiency in the heart; so that whereas before treatment the heart was deficient and the lung in excess, after the stimulation of point H9, both the lung and the heart meridians have an equal amount of energy.

This law only operates in cases where the 'wife' (the 'husband' H9, is stimulated) has an excess of energy. If the 'wife' (the lung in this case) has the same amount of energy as the 'husband' (heart), or even less energy than the heart, this indirect effect does not take place.

(c) The meridian in rapport with the meridian tonified by the law 'midday-midnight' is sedated, if it is in excess and if treatment is given at the correct time of the day.

The heart has its maximal energy at midday, the gall bladder has its maximal energy at midnight. All organs are connected with their opposite number, from which they are separated by twelve hours, by a secondary meridian through the medium of which the mechanism of the law 'midday-midnight' takes place. If the heart is tonified the gall bladder is therefore sedated.

This law only operates to any marked degree if:

1. The opposite element (gall bladder) has an excess of energy.
 2. The meridian tonified (heart) is tonified at a period of the day which is in its own sign. In this case, the heart which is a 'solid' organ and therefore Yin, must be tonified at a Yin period of the day which is from midday to sunset.
- Thus if the heart is tonified at H9 in the afternoon (time Yin), the gall bladder will, as a result, be sedated. This would not have happened at all and, if at all, to a lesser degree if H9 had been tonified in the morning or if the gall bladder had had the same amount or less energy than the heart.

Conversely, if the gall bladder were tonified at point G43 (its point of tonification) in the morning, the heart would be sedated (provided the heart were also in excess).

(d) Between certain meridians there are special connections via secondary meridians, that do not follow strict laws, and are not invariably operative.

In this case if the heart is tonified at H9, the vessel of conception is sedated.

(e) Relationship between meridians sometimes operate via the superficial circulation of energy.

If a meridian is tonified, the meridian which comes before it and after it in the order of the superficial circulation of energy is tonified. That is to say, if the heart is tonified at H9, the spleen and the small intestine meridians will be tonified. (According to Niboyet the tonification of the meridian before and after the one stimulated is preceded by a rapid sedation, as the energy from these two encircling meridians first rushes to the tonified meridian, before being tonified themselves by the excess).

(f) Tonification of a meridian entails tonification of the meridian before it and after it in the order of the circulation of the deep flow of energy in accordance with the plan of the pulse. In this case tonification of the heart would also cause tonification of the liver and pericardium meridians. But this effect is not as marked as that of the superficial circulation of energy. (Similarly to the previous example (e) there is a sedation before the tonification).

To sum up:

If the heart is stimulated at point H9 in the afternoon, the following results may be expected:

- (a) The heart will be tonified, (if it was not in excess).
 - (b) The lung will be sedated, (if it was not deficient).
 - (c) The gall bladder will be sedated, (if it was in excess and the treatment was performed in the afternoon).
 - (d) The vessel of conception is sedated, (if in excess).
 - (e) The spleen and small intestine will be tonified, (if they were deficient).
 - (f) The liver and pericardium will be tonified, (if they were deficient)
- These results are in conformity with the following acupuncture laws.
- (a) Direct.
 - (b) The law of 'Husband-wife'.
 - (c) The law of 'Midday-midnight'.
 - (d) Special secondary meridian connections.
 - (e) Superficial circulation of energy.
 - (f) Deep circulation of energy (five elements).

Case History. A patient was seen who was suffering from heartburn and constipation. She had had typhoid fever forty years previously from which she nearly died. Since that time she has never felt well and lacked energy.

Pulse diagnosis revealed, amongst other things, a weakness of the pulses of the liver and large intestine. The liver and large intestine were tonified at their points of tonification—Liv8 and Liv1. These points in

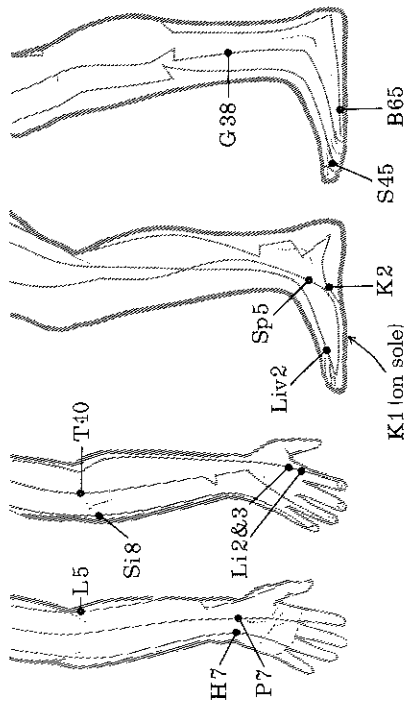


FIG. 8.2 Points of sedation

conjunction with other points, repeated over a considerable period, because of the chronicity of the disease, brought the patient back to a nearly normal state of health.

Points of Sedation

Each of the twelve main meridians has in contrast to its point of tonification, a specific point of sedation. This is invariably located on the meridian whose function it controls.

The point of sedation of a meridian is the 'son' point of its own element i.e. the small intestine belongs to the element fire. The 'son' (following element) of fire is earth. Therefore the point of sedation is the earth point—small intestine 8 (see chapter VI). The fifth column in chapter VI, section 'treatment via law of five elements', likewise gives the point of sedation of all meridians as also printed below (Fig. 8.2).

Meridian	Point
Lungs	point L5
Large intestine	point Liv2 and Liv3
Stomach	point S45
Spleen	point Sp5
Heart	point H7 (also source)
Small intestine	point Si8
Bladder	point B65
Kidney	point K1 and K2
Pericardium	point P7 (also source)
Triple warmer	point T10
Gall bladder	point G38
Liver	point Liv2

The effects are theoretically the reverse of the points of tonification, though this in practice will not always be found to operate, so that progress should be carefully followed by palpation of the pulse. It can sometimes happen that a point of tonification acts as if it were a point of sedation and vice versa.

Theoretically the effects expected should be:

- Direct stimulation—sedation.
- Stimulation in accordance with 'Husband-wife' law—tonification.
- Stimulation in accordance with the 'Midday-midnight' law (Yang organ in the morning, Yin organ in the evening)—tonification.
- Stimulation of special meridians—tonification.
- Stimulation in accordance with superficial circulation of energy—sedation.
- Stimulation in accordance with deep circulation of energy (five elements)—sedation.

Thus, if the liver were sedated at its point of sedation, point Liv2, the following would result:

- Sedation of liver, (if it were not already deficient).
- Tonification of spleen, (if it had been deficient before).
- Tonification of the small intestine (if Liv2 is sedated in the evening).
- Nil. *special meridians*

- (e) Sedation of the gall bladder and lungs, (if these were in excess before treatment).
- (f) Sedation of the kidney and heart, (if these were in excess before treatment).

Case History. The patient was lethargic in the morning, had frontal headaches, and palpitations with physical or even slight mental strain. Pulse diagnosis showed an over-activity of the gall bladder and an under-activity of the heart. The point of sedation of the gall bladder (G38) was stimulated in the morning which directly sedated the gall bladder; and at the same time indirectly tonified the heart via the law of midday-midnight (c). Her symptoms disappeared in ten minutes.

The Source

Each of the twelve main meridians has a third type of directive point called the source, which is located on the meridian that it controls. These are as follows (Fig. 8.3):

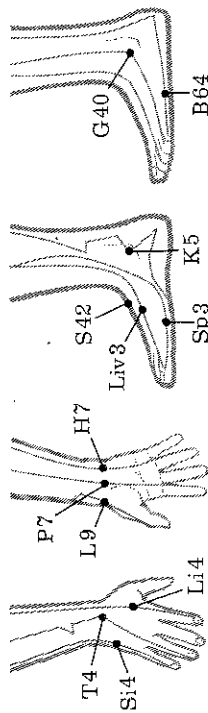


FIG. 8.3 Source points

Meridian	Point
Lungs	point L9 (also point of tonification)
Large intestine	point Li4
Stomach	point S42
Spleen	point Sp3
Heart	point H7 (also point of sedation)
Small intestine	point Si3
Bladder	point B64
Kidney	point K5
Pericardium	point P7 (also point of sedation)
Triple warmer	point T4
Gall bladder	point G40
Liver	point Liv3

The stimulation of the source point gives various results:

1. It may either cause direct tonification or direct sedation of the meridian on which it is placed. This type of amphoteric action distinguishes the source from a point of tonification or sedation which, as a rule, can only be tonified or sedated, as the name implies.

According to classical acupuncture the source is tonified if a gold needle is used, and is rotated clockwise; the needle being inserted in the direction of the current of energy along the meridian and the operation effected while the patient exhales. Similarly, the same point is sedated if a silver needle is used, if it is rotated anti-clockwise, and the needle is inserted against the direction of the current of energy along the meridian and the operation effected while the patient inhales.

In my experience the above factors are not of any great consequence. In fact in whatever way the source is stimulated it has the desired effect of re-establishing the balance of energy. If, for example, the kidney were underactive and the source of the kidney, point K5, were stimulated with either a silver or a gold needle, the kidney would be tonified. Once this direct effect of either tonification or sedation has taken place, the same interactions follow as for the points of tonification or sedation, following the same laws and conditions which governed their operations in the former instances, i.e. those of:

'Husband-wife'.

'Midday-midnight'.

Special secondary vessels.

Superficial circulation of energy.

Deep circulation of energy (five elements).

2. Stimulation of the source usually has a rapid effect.

3. If the point of tonification, or the point of sedation has been used and thereafter the source is utilised, the effect of the tonification or sedation is accentuated, e.g. If the kidney has been tonified by point K7, (its point of tonification) but the result is not sufficient, the source K5 if used, may reinforce the action.

Case History. A patient who had had polio as a child in one of his legs developed severe sciatica when an adult. Pulse diagnosis showed a weakness of the kidney pulse. This was tonified by putting a needle into the source of the kidney (point K5), which resulted in an immediate

relief of pain, but only to return when he started walking again. Various other points were tried; the pain being relieved each time, only to reappear again. It was then found that one leg was an inch shorter than the other. (The leg which had been affected by polio growing more slowly). A raised shoe relieved the condition. This type of gross structural damage is not suitable for treatment by acupuncture.

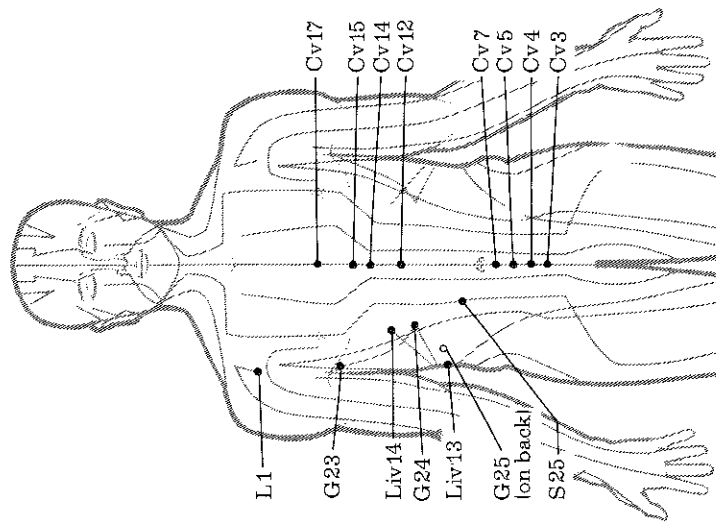


Fig. 8.4 Alarm points

Alarm Points

The points known as 'alarm points' are a series that occur on the ventral surface of the abdomen or chest. They are (Fig. 8.4):

Meridian	Point
Lungs	point L1
Large intestine	point S25

Stomach	point Cv12
Spleen	point Liv13
Heart	point Cv14
Small intestine	point Cv4
Bladder	point Cv3
Kidney	point G25
Pericardium	point Cv15 (Discovered by Soulié de Morant)
Triple warmer (main)	point Cv5
Triple warmer (superior)	point Cv17
Triple warmer (middle)	point Cv12
Triple warmer (inferior)	point Cv7
Gall bladder (main)	point G24
Gall bladder (secondary)	point G23
Liver	point Liv14

All these points are located on the embryological anterior surface of the body. Only three points are on the meridian which they subserve, viz: Lung, gall bladder and liver, these three being organs which follow one another in the superficial circulation of energy, occupying the time from 11 p.m. to 5 a.m. Many of the points of alarm are located on a meridian the vessel of conception (Cv) which does not belong to the primary system of twelve meridians.

The alarm points have various functions:

1. The points are all situated on the ventral surface, and this being a Yin surface, they are typically associated with diseases of a Yin type. This is so marked that in old textbooks, only the five primary Yin organs (liver, heart, spleen, lung and kidney) are described as having an alarm point.

To quote Zhenjiu Yixue—'The illnesses of the Yang act on the Yin. That is why the points of alarm are all in the Yin. The front of the abdomen and chest are Yin; that is why the points of alarm are there.'

Yin diseases are those which are typically accompanied by cold, depression and weakness.

2. In the characteristic type of Yin disease the point of alarm becomes excessively tender. e.g. In many cardiac diseases the point of alarm of the heart (Cv14) (Fig. 8.4) which is about 1 inch below the xiphoid process of the sternum, is spontaneously tender.

I have mentioned earlier that an acupuncture point that needs

treatment often becomes spontaneously tender. This tenderness is so exaggerated in the case of the points of alarm that it is used as a palpatory method of diagnosis in the following manner.

The patient is asked to lie flat and relaxed on a couch, with the chest and abdomen bare. The points of alarm are then palpated and if they are more tender than the surrounding tissues a functional disturbance of the organ which they represent may be deduced.

The area of tenderness and of superficial tissue changes as shown by palpation is considerably larger and more easily noticeable in the case of the alarm points than in that of the other types of acupuncture points when comparably activated. These two factors, taken together with the relatively greater increase in tenderness of this type of point, constitute useful diagnostic criteria.

The alarm point may become spontaneously painful, so that the patient is aware of it without it being pressed, more easily than in any other type of activated acupuncture point. Naturally this makes diagnosis easier.

3. Normally the point of alarm is considered a point of tonification, which, if stimulated, increases the energy in the meridian which it subserves.

The tonification of the meridian-organ concerned is followed to some extent by a tonification of the meridian which precedes and follows it in the superficial circulation of energy and also the deep circulation of energy (five elements).

4. In my experience the point of alarm serves equally well as a point of sedation but care must be exercised in sedating an over-active alarm point as a hypertonicity may unwittingly be the result, with an acute exacerbation of the condition being treated. This exacerbation can sometimes be avoided by stimulating the point of alarm for only a few seconds instead of the customary minutes.

5. Usually a qualitative increase in the Yang elements at the pulse will be noted. This is an uncertain response.

Illustration. In patients with diseases of the upper digestive organs, very frequently the point of alarm of the stomach, C_{VI2}, (Fig. 8.4) becomes spontaneously tender. A needle put into this point may cause immediate relief of upper abdominal distension and nausea. The fundamental condition however will have to be treated by other points.

Associated Points

Qi Bo: 'If you press with your finger on these points, the pain of the corresponding organ is immediately relieved.'

(Nei Jing, Ch. 51)

All meridians have an associated point on the back along the medial course of the bladder meridian on each side of the vertebral column. According to Qi Bo (Fig. 8.5):

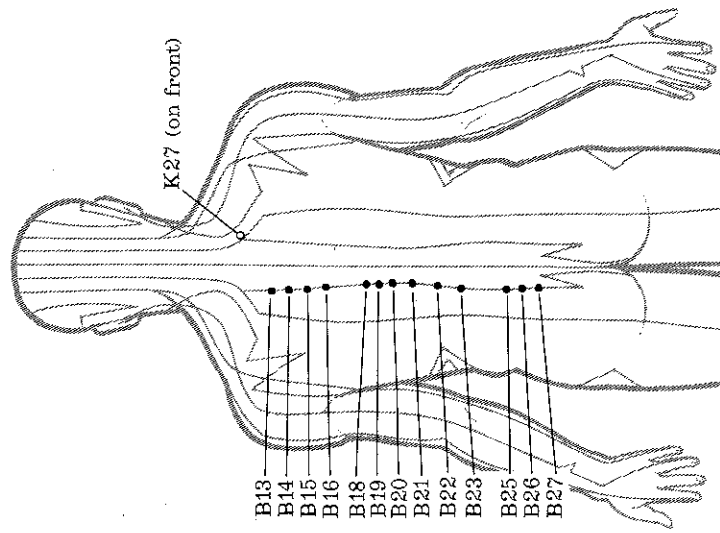


FIG. 8.5 Associated points

Meridian	Point
Lung	point B13
Pericardium	point B14
Heart	point B15
(Governing vessel)	point B16

Liver
Gall bladder
Spleen
Stomach
Triple warmer
Kidney
Large intestine
Small intestine
Bladder

point B18
point B19
point B20
point B21
point B22
point B23
point B25
point B27
point B28

→ One special point to be noted is K27. This is considered to act as the associated point for the whole series.

The associated points, which are all paravertebral on the dorsal surface, have certain characteristics which are in contrast to the points of alarm:

1. Classically they are points of sedation. According to the laws of acupuncture, once the meridian concerned with a particular associated point is sedated, it in turn causes a sedation of the meridian which precedes it and the meridian which follows it, both in the superficial circulation of energy and in the deep circulation of energy. Classically, the procedure is the reverse of that which operates in the case of the points of alarm.

2. In my experience the associated points may be used with excellent results as points of tonification.

e.g. Point B23 is usually very efficacious in cases of under-activity of the kidney.

Although the point of alarm may cause an acute exacerbation if used in the inverse sense to that accorded by classical theory, this is not the case with the associated point.

3. These points have a general calming effect and are therefore used in Yang diseases such as over excitation and fever.

Li Kao Tong-iuann of the twelfth century writes:

'To treat a disease caused by wind or cold, you must stimulate the associated point of a storage, hollow organ. In fact the illness entered by the Yang and then flowed through the meridians. If it started by a cold exterior it must finish by returning to the exterior by warmth.'

4. Chinese osteopathy uses these points to correct small displacements of vertebrae. The rationale is as follows:

In a disease of the descending colon, the associated point of the large intestine, B25 (Fig. 8.6), on the same side as the descending colon, i.e. the left, will together with other points become spontaneously tender. This causes a spasm of the muscles in the vicinity of point B25 on the left. These muscles which are adjacent to, and attached to, the fourth lumbar vertebra, cause it to be displaced towards the left.

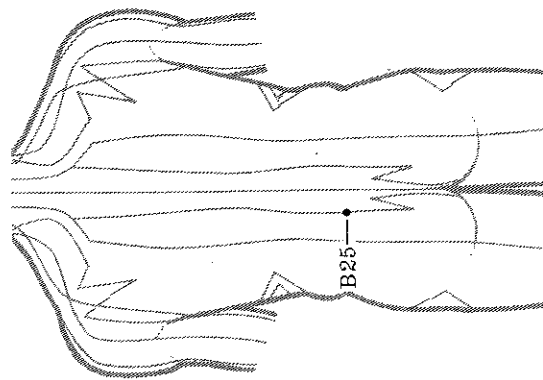


FIG. 8.6

Hence a disease of the descending colon may, under the correct conditions, cause as a secondary result a displacement of the fourth lumbar vertebra to the left, with, if the displacement is severe enough, resultant lumbago and possibly sciatica.

Only rarely does an internal disease cause a displaced vertebra for:

- (a) Not all internal diseases cause tenderness of the associated point, and hence muscle spasm.
- (b) The muscle spasm must be of a fairly severe degree.
- (c) Before displacement occurs there must in general be associated factors which could operate to facilitate the displacement of a

vertebra, such as a general metabolic disturbance causing osteoporosis, or weakness of the paravertebral muscles, trauma, etc.

If the displacement of the fourth lumbar vertebra is only small it may be corrected by an acupuncture point (or medicine) that corrects the disease of the descending colon. It may also be corrected by stimulating point B25 on the left, though usually treatment of various secondarily effected points is also required.

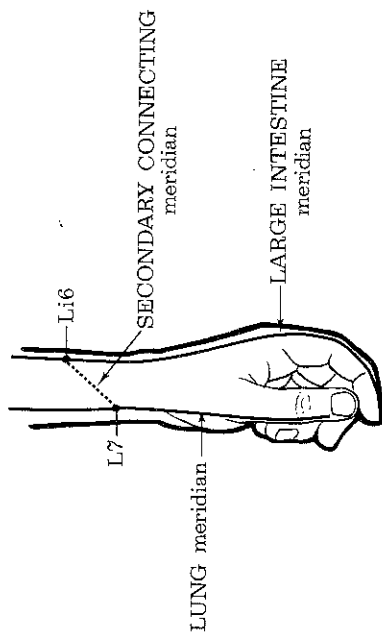


FIG. 8.7

A severe displacement can only be corrected by osteopathic manoeuvres or by manipulation under an anaesthetic. If the internal factor which, together with other factors, originally caused the displacement of the vertebra, are not treated at the same time as the displacement is corrected, there is a greater likelihood of a recurrence. This explains the too frequent recurrence of lumbago or sciatica if treated only by manipulation, osteopathy, corsets, etc. Conversely, under suitable conditions, the correction of the displaced vertebra may cure the primary internal disease.

This problem can, at times, present itself as the classical dilemma — which came first, the chicken or the egg? It is sometimes best to attack both ends of the problem at the same time.

Manipulative surgeons, osteopaths and masseurs, have often found that by manipulating vertebrae they can cure, or alleviate, internal diseases. This has been partially explained via neural reflexes connecting the diseased organ with the appropriate spinal

segment. As all the important internal organs, (from the acupuncture point of view), have an associated point which is paravertebral, I think we can regard this fact as at least a partial explanation of the connection.

Illustration. Stage fright is sometimes due to an over-activity of the heart. The heart may be sedated in many ways; but as stage fright is an illness associated with nervousness the associated point is probably the best heart point to choose—point B15—between the shoulder blades.

'Connecting' Points

The so called 'connecting' points connect coupled meridians by a secondary meridian. e.g. There is a secondary meridian running from L7 to Li6, joining the lung meridian with the large intestine meridian (Fig. 8.7).

Coupled meridians are meridians which follow one another in the superficial circulation of energy and, at the same time, are of opposite sign, the one being Yin, the other Yang. It follows that the former lies on an embryological anterior surface, while the latter lies on an embryological posterior surface.

These coupled meridians thus constitute a unit of similarities and dissimilarities (Fig. 8.8).

<i>Coupled meridians</i>	{ Lungs Large intestine	Yin	point L7
	{ Stomach	Yang	point Li6
<i>Coupled meridians</i>	{ Spleen	Yin	point S40
	{ Heart	Yang	point Sp4
<i>Coupled meridians</i>	{ Small intestine	Yin	point H5
	{ Bladder	Yang	point Si7
<i>Coupled meridians</i>	{ Kidney	Yin	point B58
	{ Pericardium	Yang	point K6
<i>Coupled meridians</i>	{ Triple warmer	Yin	point P6
	{ Gall bladder	Yang	point T5
<i>Coupled meridians</i>	{ Liver	Yin	point G37
			point Liv5

The vessel of conception, being the most Yin of any meridian and the governing vessel being the most Yang of any meridian, are also connected by their connecting points, these being Cvi5 and Gvi1 respectively.

There is also the so called Great Connecting Point of the spleen, Sp21.

Treatment of the connecting points can serve various purposes:

1. A disequilibrium between the two meridians of a couple may be corrected by only using one point. In this case either the connecting point of the deficient meridian is tonified or the connecting point of the over-active meridian is sedated.

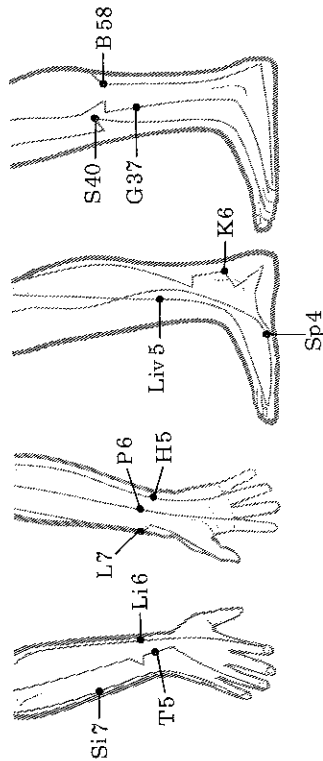


FIG. 8.8 Connecting points

If, for example, the liver is deficient, while the gall bladder is in excess, either the liver may be tonified at its first connecting point Liv5, or the gall bladder may be sedated at its connecting point G37. Thus two meridians are corrected by only using one acupuncture point.

It seems as if the connecting point on either meridian acts as a sort of short-circuit enabling the excess of energy to flow along the connecting vessel from one meridian to the other of a couple.

2. The connecting point controls the energy between the left and right halves of a meridian, e.g. If the left lung meridian has an excess of energy, while the right lung meridian is deficient in energy, these may be equilibrated by tonifying the connecting point of the lung meridian (L7) on the right side, or by sedating L7 on the left side—only one needle being used to produce the two effects desired.

3. The connecting point controls the flow of energy between organs related to one another by the law of 'midday-midnight'.

If the bladder meridian has an excess of energy while the lung is deficient, (bladder maximal activity 4 p.m., lung maximal activity

4 a.m.) the connecting point L7 of the lung may be tonified, and thus equilibrium between bladder and lung may be achieved.

When the connecting point is used in obedience to the law of 'midday-midnight', account need not be taken of Yin or Yang times of day, the reaction taking place equally well whatever time the point is stimulated.

If an exchange of energy is desired between the left lung and left functional part of the bladder, only the connecting point on the left side is utilised.

Case History. A patient had chronic bladder trouble over a period of twenty years, with frequency, nocturia, burning pain on urination, etc. The pulse diagnosis showed an irritable bladder with a wiry pulse. Treatment of the bladder meridian did not alter the condition for, as may be noticed frequently in acupuncture, the direct treatment of the diseased meridian, is often of no value. The bladder and kidney meridians are united via their connecting points—B58 and K6. Stimulation of the kidney connecting point, K6, regularised the pulse of the bladder. The treatment had to be repeated many times before a considerable improvement, though not complete cure, ensued.

GRAND PIQURE

By this method energy is drawn from one side of the body to the other via the connecting points.

If there is, for example, an excess of energy in the right stomach meridian, causing pain along part of its course, the connecting point on the opposite (left) side is stimulated—point stomach 40 (S40).

GRAND PIQURE COMBINED WITH TREATMENT ACCORDING TO THE LAW 'MIDDAY-MIDNIGHT'

The effect of the above example may be increased by stimulating the connecting point on the left side of the meridian connected to the stomach meridian by the law of 'midday-midnight'. This is the meridian of pericardium. Therefore its connecting point pericardium (P6) is stimulated only on the left.

Point of Entry and Exit

As mentioned previously, the energy Qi flows through the twelve meridians in a certain invariable sequence: lung, large intestine, stomach, spleen, etc.

This flow of Qi is always in the same direction starting at the point of entry of the lung meridian (Fig. 8.9), flowing along the lung meridian, and leaving again at the point of exit to enter the point of entry of the meridian of the large intestine; flowing along the meridian of the large intestine, to leave it again at the point of exit, to enter the meridian of the stomach at its point of entry etc., etc.

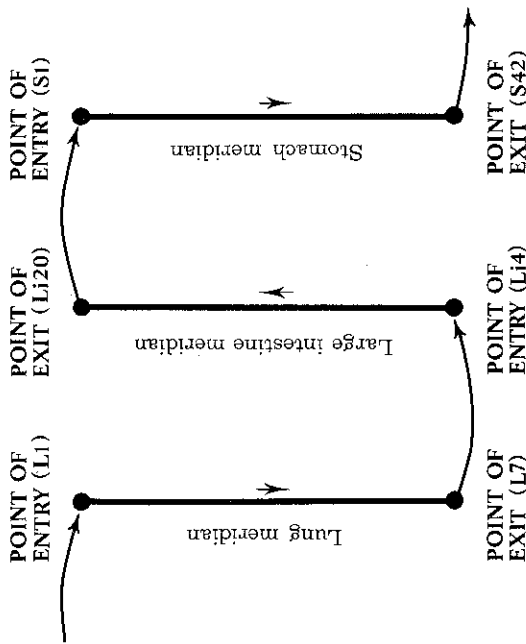


FIG. 8.9

The point of entry and the point of exit are usually the first and last points respectively of the meridian concerned, in which case, a secondary meridian unites the end of one meridian with the beginning of the next, along which the Qi flows. (In some cases the point of entry or exit is not the end point of a meridian (though it is not far from it). In this case the main secondary meridian uniting the two meridians does not occur at the end point of the meridians. Nevertheless, the remaining distal portion of the meridian is not a cul-de-sac for the secondary meridian mentioned in the previous paragraph, uniting the end points of the meridians, is still operative, though it performs a function in this case secondary to the meridian connecting the points of exit and entry.

Tonification of a point of entry, tonifies the meridian concerned, provided the previous meridian has an excess of energy to pass on.

Sedation of a point of entry, under the reverse circumstances, is considered to sedate the meridian concerned. In my experience this effect is unreliable and unpredictable.

Sedation of a point of exit, sedates the meridian concerned, provided the following meridian is deficient in energy so that the excess energy of the sedated meridian may pass into it.

Tonification of the point of exit is considered to produce the same result as sedation.

The points of entry are more reliable in their effects than the points of exit (Fig. 8.10).

Points of Entry

Lung	point Li (also point of alarm)
Large intestine	point Li4 (also source. 1st point is Li1)
Stomach	point Si
Spleen	point Sp1
Heart	point Hi
Small intestine	point Si1
Bladder	point Bi
Kidney	point Ki (also point of sedation)
Pericardium	point Pi
Triple warmer	point Ti
Gall bladder	point Gi
Liver	point Li1

Points of Exit

Lung	point L7 (also 'Lo' point. Last point is Li1)
Large intestine	point Li20
Stomach	point S42 (also point of tonification. Last point is S45)
Spleen	point Sp21
Heart	point H9 (also point of tonification)
Small intestine	point Si19
Bladder	point B67 (also point of tonification)
Kidney	point K22 (Last point K27)
Pericardium	point P8 (Alarm point of pericardium. Last point P9)

- Triple warmer point T23
- Gall bladder point G41 (*Last point G44*)
- Liver point Liv14 (*Also point of alarm*)

Example. Tonification of the point of entry of the small intestine (Si1) will tonify the small intestine, provided the meridian of the heart has an excess of energy to pass on.

Sedation of the point of exit of the triple warmer (T23) will sedate the triple warmer provided the gall bladder is deficient in energy.

Case History. In the skin disease, acne rosacea, the pulse of the large intestine is, amongst others, weakened. The point of entry of the large intestine, Li4, together with other points, were stimulated in a patient. Within a month the condition was about 90% cured, despite the fact that she had had this condition for many years.

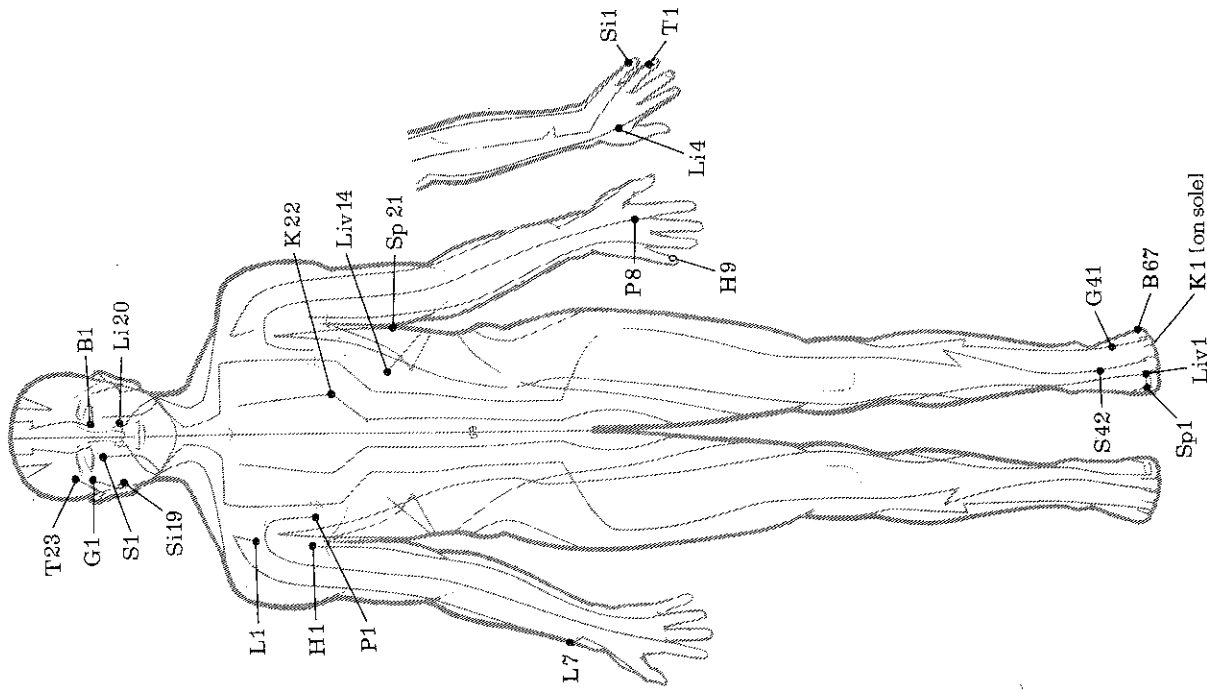


FIG. 8.10 Points of entry and exit

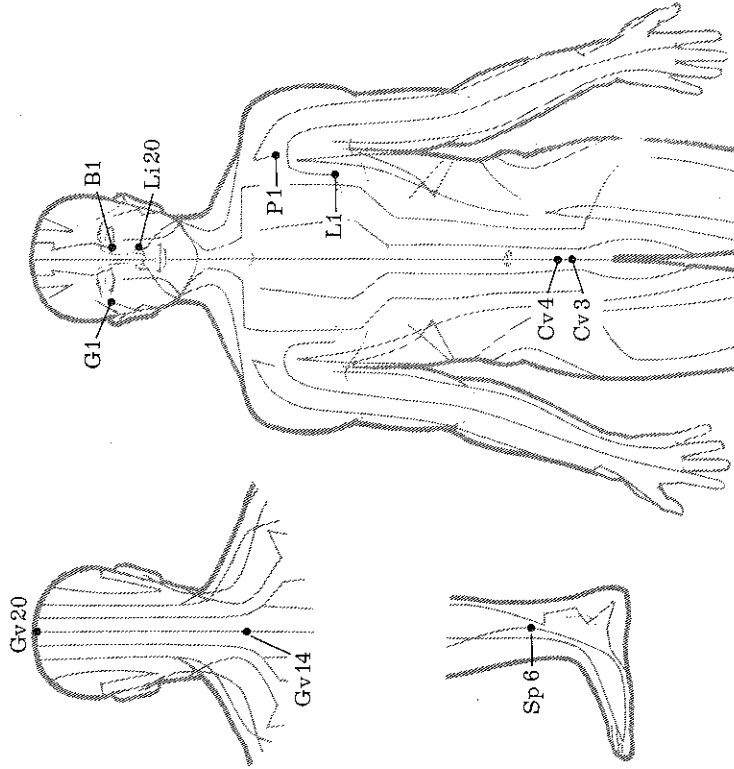


FIG. 8.11 Special meeting points

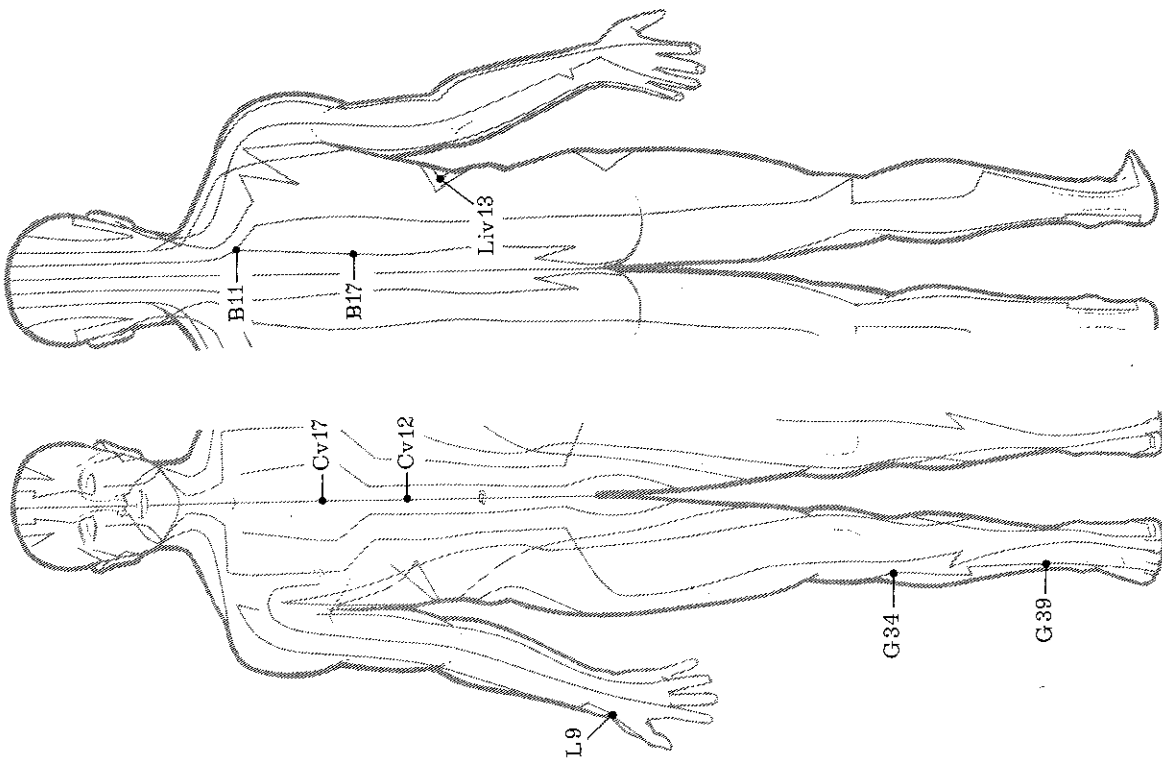


FIG. 8.12 Eight meeting points

Special Meeting Points

Stimulation of these points has an effect on a related group of meridians (Fig. 8.11):

Cv3 and Cv4	3 leg Yin and conception vessel
Gv20	3 leg Yang and governing vessel
Sp6	3 leg Yin
Gv14	7 Yang

The meeting point of the other related meridians is as follows:

Lung and Spleen	LI
Pericardium	PI
Small intestine and bladder	BI
Triple warmer and gall bladder	GI
Large intestine and stomach	LI20

Case History. A patient at hospital was suffering from a catarrhal nasal condition with hyperacidity. Pulse diagnosis showed a weak pulse of the large intestine and a bumpy wiry pulse of the stomach. The meeting point of the large intestine and stomach, point Lizo, in combination with a more fundamental realignment of his fundamental energetics, cured the patient.

The Eight Meeting Points

The following eight points have a particular influence on the eight tissues mentioned; or, as the Chinese put it, 'the Qi of these eight tissues meet at the eight points.' They are (Fig. 8.12):

Solid organs (Zang)	Liv13
Hollow organs (Fu)	Cv12
Energy and/or breath (Qi)	Cv17
Blood	Bi17
Bones	Bi11
Marrow	G39
Muscles	G34
Vessels	L9

The Combining Points

The Nei Jing describes these points as:

'At the level of the combining points the energy of the six Yang

Fu penetrates into the interior of the body'. Again: 'The combining points rule the energies of the meridians,' These points are (Fig. 8.13):

Organ	Lower combining point	Upper combining point
Stomach	S36	—
Gall bladder	G34	—
Bladder	B54	—
Large intestine	S37	Li11
Triple warmer	B53	Tro
Small intestine	S39	Si8

3 Yang of foot

3 Yang of hand

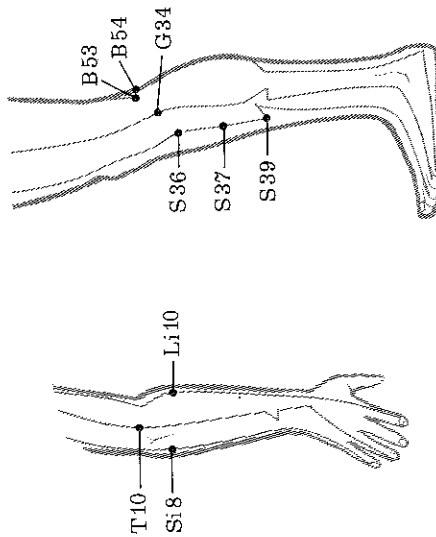


FIG. 8.13 Combining points

Frequently an organ-meridian may be disturbed in such a way that the disturbance is not seen at the extremities, but centrally in the abdomen and thorax. In these cases the combining points may be used.

Case History. A patient complained of intermittent swelling of the lower abdomen with no clear urinary symptoms. Pulse diagnosis revealed a wiry pulse of the bladder. The combining point of the bladder, point B54, in combination with subsidiary points, cured the condition.

The Points 'Window of the Sky'

The Nei Jing says:

'All the energies Yang come from the Yin, for the Yin is earth. This Yang energy always climbs from the lower part of the body towards the head; but if it is interrupted in its course it cannot climb beyond the abdomen. In that case one must find which meridian is diseased. One must tonify the Yin (as it creates the Yang) and disperse the Yang so that the energy is attracted towards the top of the body and the circulation is re-established.'

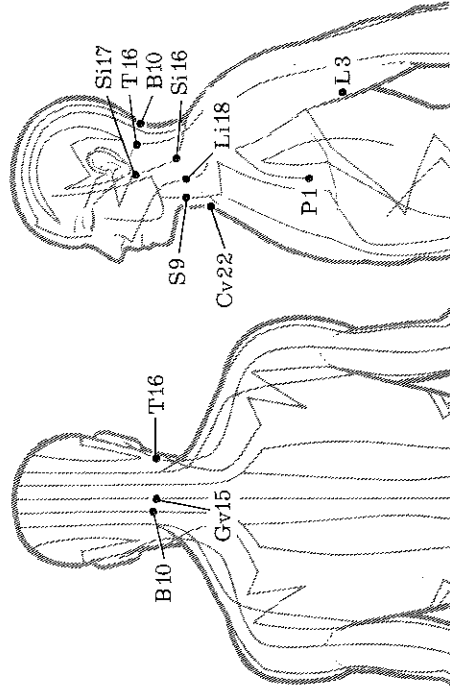


FIG. 8.14 Window of the sky points

The points used for this purpose are (Fig. 53):

- S9
- T16
- L3
- Gv15
- Si17
- Li18
- B10
- Cv22
- Si16
- P1

It will be noticed that all these points except for L3 and P1 are in the neck, which is the route whereby energy goes from the lower part of the body to the head.

The symptomatology according to the Nei Jing is as follows:

- S9. Severe pain in the head, fullness of the chest, dyspnoea.
- Li18. Loss of voice.

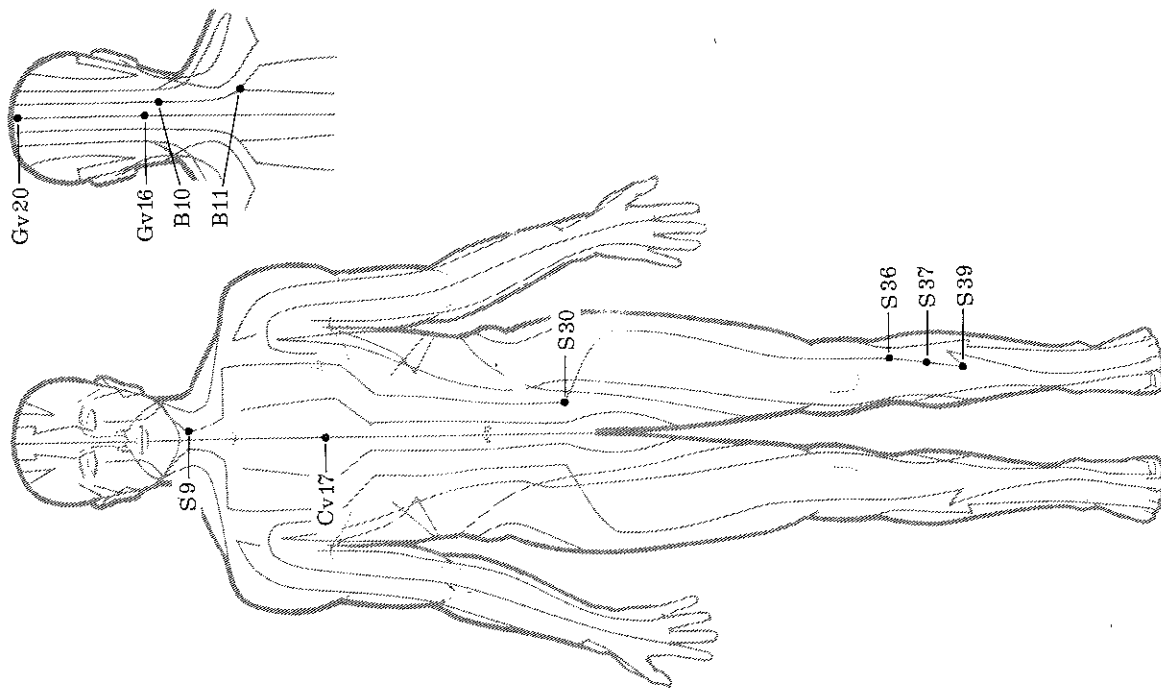


FIG. 8.15 'Four seas' points

T16. When the patient suddenly becomes deaf or cannot see clearly.

B10. Spasms, muscular contractions, fainting, when the patient's feet can no longer support the weight of the body.

L3. Great thirst (disharmony of liver and lung) nose bleeds or bleeding by the mouth.

Case History. A patient at hospital had lost his voice some months previously and felt light-headed. He felt as if his head and body were not properly connected. The point 'window of the sky' S9, repeated several times, in combination with subsidiary points, cured the patient. The first treatment only point S9 was used and caused a fluctuation between improvement and worsening of the condition. Thereafter (as the barrier had been opened) the appropriate Yin meridians (liver and kidney in this case) were tonified and the light-headedness disappeared.

The Points of the 'Four Seas'

The Nei Jing says:

'Man possesses four seas and twelve meridians, which are like rivers that flow into the sea.'

The four seas are:

1. The sea of nourishment.
2. The sea of blood.
3. The sea of energy.
4. The sea of the bone marrow.

1. 'The sea of nourishment is represented by the stomach. Its two principal points are S30 and S36 (Fig. 8.15).

If there is excess the patient has abdominal swelling. If there is emptiness he cannot eat.

2. 'The sea of the blood is represented by the extra meridian, the 'penetrating vessel', which is the sea of the twelve meridians. Its points of liaison are B11 for the high part of the body and S37 and S39 for the low part of the body.

When there is an excess, the patient has the sensation that his body is greater in volume. When there is deficiency, the patient is affected, but cannot define what he feels.

3. 'The sea of energy is represented by the region around the point Cv17. These points are in liaison with point B10 behind and S9 in front of the neck.

If there is excess, the patient feels pain in the chest, the face is red and there is breathlessness. If there is emptiness the patient cannot speak.

4. The sea of bone marrow. Its point of liaison is localised on the summit of the head (probably governing vessel 20) and at the back of the head by point governing vessel 16.

If there is fullness, the patient feels as if he has an excess of energy. If there is emptiness, the patient has dizzy bouts, noises in his ears, fainting, pain in the calf.

It says further:

To sum up: 'One must be able to discern accurately if there is emptiness or fullness and puncture the points of the 'four seas' correctly, for thus one can regularise all the energies. But if one punctures incorrectly one can provoke grave trouble.'

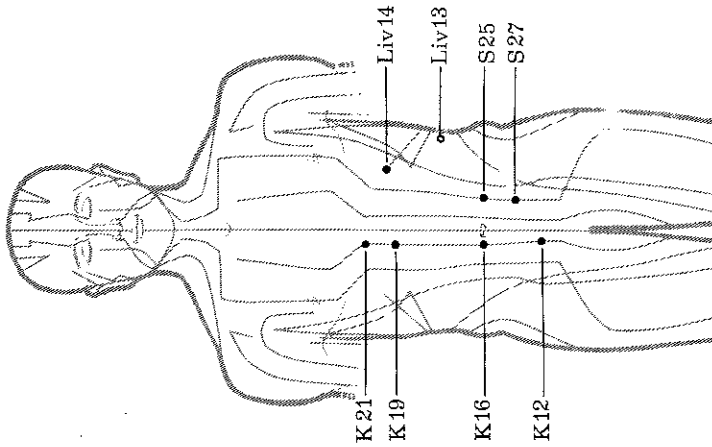


FIG. 8.16 Shokanten

Shokanten

The Japanese Shokanten, as described by Manaka*, are points on the abdomen that become tender if the greater, lesser or middle Yang or Yin become affected. As such, these points may be used both diagnostically and in the reverse, therapeutically (Fig 8.16).

Greater Yang	Small intestine/Bladder—K12.
Lesser Yang	Triple warmer/Gall bladder—S25.
Sunlight Yang	Large intestine/Stomach—S27.
Greater Yin	Lung/Spleen—Liv13.
Absolute Yin	Pericardium/Liver—Liv14.
Lesser Yin	Heart/Kidney—K16.

In addition, Manaka has described:

Lesser Yang	K21.
Absolute Yin	K19.

The Accumulating Points (Hung)

The great gilded Buddhist temples in China are known as the 'Hung' and the name is also used for the accumulating points, for they are as important in the body as temples. They are described as 'gaps in the body where Qi and blood converge and collect' and are used in chronic disease (Fig. 8.17).

Meridian	Accumulating point
Lung	L6
Large intestine	Li7
Stomach	S34
Spleen	Sp8
Heart	H6
Small intestine	Si6
Bladder	B63
Kidney	K4
Pericardium	P4
Triple warmer	T7
Gall bladder	G36
Liver	Liv6

*IV Journees Internationales d'Acupuncture.

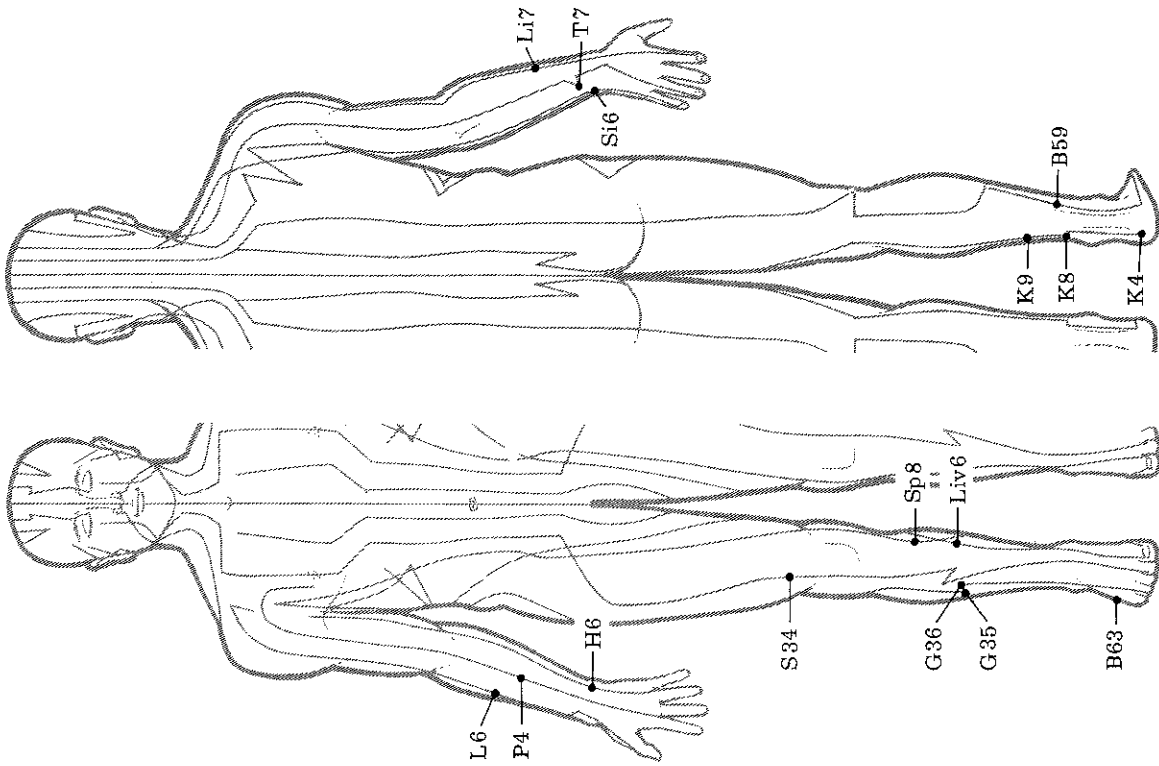


FIG. 8.17 Accumulating points

And for the extra meridians:—

- Yin linking vessel K9
- Yang linking vessel G35
- Yin heel vessel K8
- Yang heel vessel B59

The Five Categories

The Chinese give special names to five (or six) categories of points.

Category	Chinese name	Meaning
I	Well	Emerging
II	Gushing	Flowing
III	Transporting	Pouring
IV	Penetrating	Moving
V	Uniting	Entering

These names, and the meaning of them to the Chinese, image the

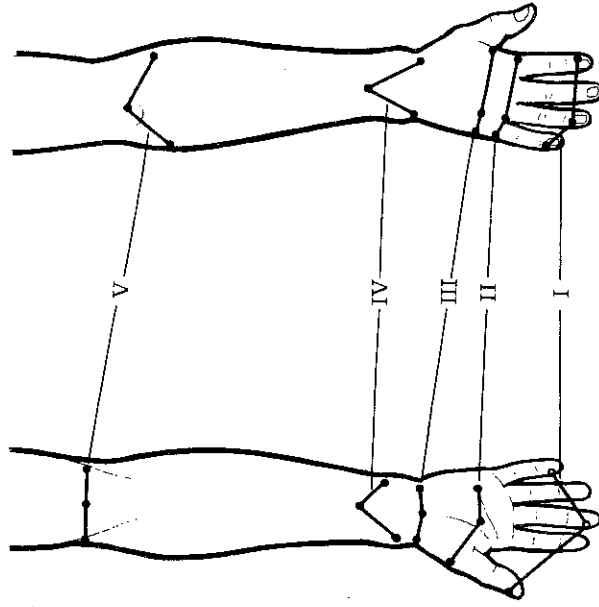


FIG. 8.18 Five categories. The acupuncture points are the same as for the five elements (Fig. 6.3)

flow of Qi along the meridian as the movement of water. The 'well' is the place whence the water emerges; the 'gushing' is its overflow; the 'transporting' point is where the water pours along; the 'penetrating' point where it moves. Finally, since water must find its way to union with the sea, the solid and hollow organs, we have the 'uniting point'.

The categories I, II, III, IV and V follow the points of the five elements: (for the Yin meridians) wood, fire, earth, metal, water; (for the Yang meridians) metal, water, wood, fire, earth, in that order from the tips of the fingers or toes to the elbow or knee (Fig. 8.18 and 8.19).

CATEGORY*

	I	II	III	IV	V
Lungs	Li11	Li10	Li9	Li8	Li5
Spleen	Sp1	Sp2	Sp3	Sp5	Sp9
Heart	H9	H8	H7	H4	H3
Kidney	K1	K2	K5	K7	K10
Pericardium	P9	P8	P7	P5	P3
Liver	Liv1	Liv2	Liv3	Liv4	Liv8
Large intestine	Li1	Li2	Li3	Li5	Li11
Stomach	S45	S44	S43	S41	S36
Small intestine	Si1	Si2	Si3	Si5	Si8
Bladder	B67	B66	B65	B60	B54
Triple warmer	T1	T2	T3	T6	T10
Gall bladder	G44	G43	G41	G38	G34
Yin element	Wood	Fire	Earth	Metal	Water
Yang element	Metal	Water	Wood	Fire	Earth

*The system of classifying the categories adopted by Soulié de Morant and after him, in the first edition of this and my other books, utilised six categories; the additional category, IV, being the source points mentioned earlier in this chapter. Thus, under that system category III and IV were exactly the same point for the Yin meridians, but different for the Yang meridians. In both systems categories I, II and III are the same, whilst V and VI have become IV and V in this book. The five category system used in the 2nd edition of this book is the one more generally used in China today. I will therefore at a later date, alter the six category system used in the present editions of my other books, to the five category system.

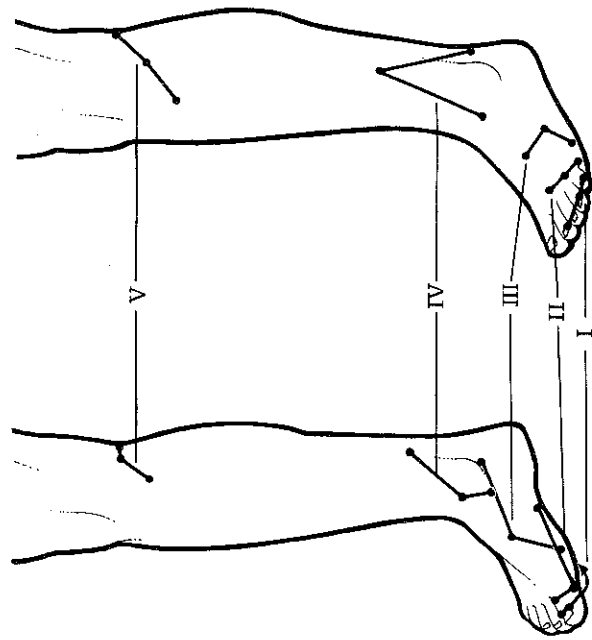


FIG. 8.19 Five categories. The acupuncture points are the same as for the five elements (Fig. 6.4)

Traditionally the following groups of diseases can best be treated by them:

- I Region below heart full.
- II Body hot.
- III Body heavy, joints painful.
- IV Dyspnoea, coughing, cold and hot.
- V Rebellious Qi and diarrhoea.

Meeting Points

The meeting points have an effect on more than one meridian. For example bladder I, as can be seen from the table, influences the small intestine and stomach in addition to the bladder itself.

It is difficult, if not impossible, to tell if a certain meeting point exerts its effect on several meridians directly, or indirectly via the normal laws of acupuncture. If the latter idea were correct, it should, of course apply to all points on the same meridian—in which case the conception of meeting points would be superfluous.

For the above reasons it is difficult to tell which are the various meridians effected by a meeting point, and opinions vary. Five traditional sources are given, which the reader may compare.

Likewise the meeting points given in my other books, are essentially but not quite the same, as in this volume.

Meeting Points

	1	2	3	4	5
Li1	L	L, Sp	Sp	L, Sp	L, Sp
Li14	Li con	Li con	Li con	Si, B, Ya-l	Li con, Si, B, Ya-l
Li15	Li, Ya-h	Li, Ya-h	Li, Ya-h	Li, Ya-h	Si, Li, Ya-h, G
Li16	Li, Ya-h	Li, Ya-h	Li, Ya-h	Li, Ya-h	Li, Ya-h
Li20	Li, S	Li, S	Li, S	Li, S	Li, S
Si1	Ya-h, Cv, S	Ya-h, Cv, S	Ya-h, Cv, S	Ya-h, Cv, S	Ya-h, Cv, S
S3	Ya-h, S	Ya-h, S	Ya-h, S	Li, S, Ya-h	Ya-h, S
S4	Ya-h, Li, S	Ya-h, Li, S	Ya-h, Li, S	Ya-h, Li, S	Ya-h, Li, S, Cv
S7	S, G	S, G	S, G	S, G	S, G
S8	G, Ya-l	G, Ya-l	G, S	G, S	G, S
S9			G, S	S, G	S, G
S30			Pen	Pen	Pen
Sp6	Sp, Liv, K	Sp, Liv, K	Sp, Liv, K	Sp, Liv, K	Sp, Liv, K
Sp12	Sp, Liv	Sp, Yi-l	Sp, Liv	Sp, Liv	Sp, Liv
Sp13	Sp, Liv, Yi-l	Sp, Yi-l	Sp, Liv, Yi-l	Sp, Liv, Yi-l	Sp, Liv, Yi-l
Sp15	Sp, Yi-l	Sp, Yi-l	Sp, Yi-l	Sp, Yi-l	Sp, Yi-l
Sp16	Sp, Yi-l	Sp, Yi-l	Sp, Yi-l	Sp, Yi-l	Sp, Yi-l

Taken from:

1. Jia yi ying
 2. Wai tai mi yao
 3. Tong ren yu xue tu jing
 4. Zhen jiu da cheng
 5. Lei jing tu yi
- After jing-tuoxue Tushuo by Hui-jan and Zhu Ru-gong

Ya-l = Yang linking vessel

Yi-l = Yin linking vessel

Ya-h = Yang heel vessel

Yi-h = Yin heel vessel

Pen = Penetrating vessel

Gir = Girdle vessel

con = connecting meridian

	1	2	3	4	5
Si10	Si, Ya-l, Ya-h	Si, B, Ya-l, Ya-h	Si, B, Ya-l, Ya-h	Si, Ya-l, Ya-h	Si, B, Ya-l, Ya-h
Si12	Si, Li, T, G	Si, Li, T, G	Si, Li, T, G	Si, Li, T, G	Si, Li, T, G
Si18	Si, T	Si, T	Si, T	Si, T	Si, T
Si19	Si, T, G	Si, T, G	Si, T, G	Si, T, G	Si, T, G
B1	Si, B, S	Si, B, S, Li	Si, B, T, G, S	Ya-h, Yi-h	Si, B, S
B11	B, Si	B, T	B, G	B, Si, G, T	Gv con, B, Si
B12	Gv, B	Gv, B	Gv, B	Liv, G	Gv, B
B33		Liv			
B36	B	B, Si	B, Si	B, Si	B, Si
B59	Ya-h	Ya-h	Ya-h	Ya-h	Ya-h
B61		B, Ya-h			B, Ya-h
B62	Ya-h	Ya-h	Ya-h	Ya-h	Ya-h
B63	Ya-l	Ya-l	Ya-l	Ya-l	Ya-l
K3	Yi-h	Yi-h	Yi-h	Yi-h	Yi-h
K8	Yi-h	Yi-h	Yi-h	Yi-h	Yi-h
K9	Yi-l				Yi-l
K11	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K12	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K13	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K14	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K15	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K16	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K17	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K18	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K19	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K20	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
K21	Pen, K	Pen, K	Pen, K	Pen, K	Pen, K
P1	P, G	P, G	P, G	P, Liv, T, G	P, G
T13		Li con	Li con	T, Ya-l	Li, T
T15	T, Ya-l	G, Ya-l	T, Ya-l	T, G, Ya-l	T, G, Ya-l
T17	T, G	T, G	T, G	T, G	T, G
T20	T, G, Li	T, G	T, G	T, G, Si	T, G, Si
T22	T, G, Si	T, G	T, G, Si	T, G, Si	T, G, Si
G1	T, G, Si	T, G	T, G, Si	T, G, Si	T, G, Si
G3	T, G, S		G, S	T, G, S, Li	T, G, S

	1	2	3	4	5
G4	T, S	G, S	T, G, S, Li	T, G, S, Li	T, G, S, Li
G5	T, G, S, Li	T, G, S, Li	T, G, S, Li	T, G, S, Li	T, G, S, Li
G6	G, B	G, B	G, B	G, B	G, B
G7	G, B	G, B	G, B	G, B	G, B
G8	G, B	G, B	G, B	G, B	G, B
G9	G, B	T, G, B, Si	G, B	T, G, B	G, B
G10	G, B	G, B	G, B	G, B	G, B
G11	G, B	G, B	G, B	G, B	G, B
G12	G, B	G, B	G, B	G, B	G, B
G13	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l
G14	G, Ya-l	G, Ya-l	G, Ya-l	T, G, Li, S, Ya-l	G, Ya-l
G15	G, B, Ya-l	G, B	G, B	G, B, Ya-l	G, B, Ya-l
G16	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l
G17	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l
G18	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l
G19	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l
G20	G, Ya-l	G, Ya-l	G, Ya-l	G, Ya-l, T	G, Ya-l
G21	T, Ya-l	T, G, Ya-l	T, G, Ya-l	T, G, S, Ya-l, T	T, G, S, Ya-l
G24	G, Sp	G, Sp, Ya-l	G, Sp, Ya-l	G, Sp, Ya-l	G, Sp, Ya-l
G26	G, Gir	G, Gir	G, Gir	G, Gir	G, Gir
G27	G, Gir	G, Gir	G, Gir	G, Gir	G, Gir
G28	G, Gir	G, Gir	G, Gir	G, Gir	G, Gir
G29	G, Ya-h	G, Ya-h	G, Ya-h	G, Ya-h	G, Ya-h
G30	G, S	G, S	G, S	G, S	G, S
G36	Ya-l	Ya-l	Ya-l	Ya-l	Ya-l
Liv13	Liv, G	Liv, G	Liv, G	Liv, G	Liv, G
Liv14	Liv, Sp, Yi-l	Liv, Sp, Yi-l	Liv, Sp, Yi-l	Liv, Sp, Yi-l	Liv, Sp, Yi-l
Cv1	Cv, Gv, Pen	Cv, Gv, Pen	Cv, Gv, Pen	Cv, Gv, Pen	Cv, Gv, Pen
Cv2	Cv, Liv	Cv, Liv	Cv, Liv	Cv, Liv	Cv, Liv
Cv3	Cv, Liv, Sp, K	Cv, Liv, Sp, K	Cv, Liv, Sp, K	Cv, Liv, Sp, K	Cv, Liv, Sp, K
Cv4	Cv, Liv, Sp, K	Cv, Liv, Sp, K	Cv, Liv, Sp, K	Cv, Liv, Sp, K	Cv, Liv, Sp, K
Cv7	Cv, Pen	Cv, Pen, K	Cv, Pen, K	Cv, Pen, K	Cv, Pen, K
Cv10	Cv, Sp	Cv, Sp	Cv, Sp	Cv, Sp	Cv, Sp

	1	2	3	4	5
Cv12	Cv, Si, T, S	Cv, Si, T, S	Cv, Si, T, S	Cv, Si, T, S	Cv, Si, T, S
Cv13	Cv, S, Si	Cv, S, Si	Cv, S, Si	Cv, S, Si	Cv, S, Si
Cv17	Cv, S, Si	Cv, S, Si	Cv, S, Si	Cv, S, Si	Cv, S, Si
Cv23	Cv, Yi-l	Cv, Yi-l	Cv, Yi-l	Cv, Yi-l	Cv, Yi-l
Cv24	Cv, S	Cv, S	Cv, S	Cv, Gv, S, Li	Cv, S
Gv1	Gv, B	Gv, B	K, G	K, G	K
Gv13	6 Yang, Gv	6 Yang, Gv	6 Yang, Gv	6 Yang, Gv	6 Yang, Gv
Gv14	6 Yang, Gv	6 Yang, Gv	6 Yang, Gv	6 Yang, Gv	6 Yang, Gv
Gv15	Gv, Ya-l	Gv, Ya-l	Gv, Ya-l	Gv, Ya-l	Gv, Ya-l
Gv16	Gv, Ya-l	Gv, Ya-l	Gv, Ya-l	Gv, Ya-l, B	Gv, Ya-l
Gv17	Gv, B	Gv, B	Gv, B	Gv, B	Gv, B
Gv20	Gv, B	Gv, B	Gv, B	Gv, 6 Yang	Gv, B, T, G, Liv
Gv26	Gv, Li, S	Gv, Li	Gv, Li	Gv, Li, S	Gv, Li, S
Gv28	Gv, Li, S	Gv, Li, S	Gv, Li, S	Gv, Cv, S	Gv, Cv

Origin and End Points

Ma Chen-tai's school of thought during the Ming dynasty, compares the meridians to a river. The origin point is the source of the river; the end point is the lake into which the waters of the river accumulate at the end of its course. These points are only given for the three lower Yin and Yang; the origin in each case being at the ends of the toes, the end points of the trunk or the face. (Fig. 8.18).

Meridian (river)	Origin	End
Bladder	B67	B1
Stomach	S45	S8
Gall bladder	G44	G19
Spleen	Sp1	Cv12
Kidney	K1	Cv23
Liver	Liv1	Cv18

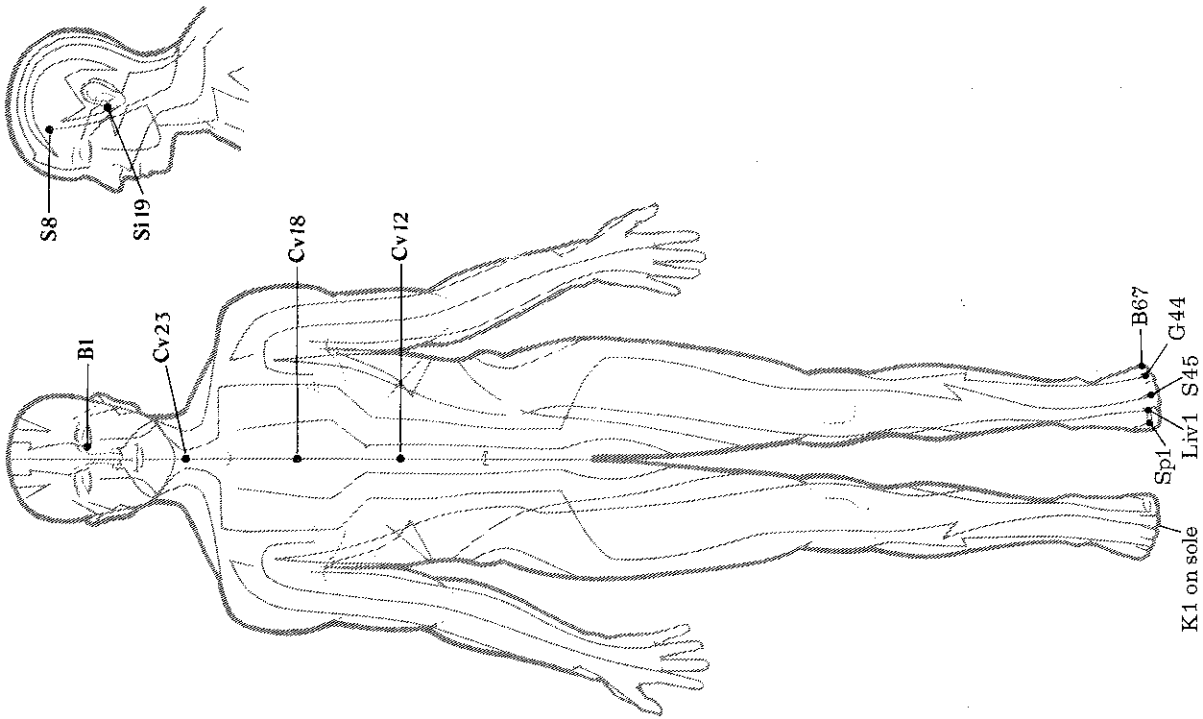


Fig. 8.20 Origin (light print) end end (heavy print) points

Root and Side Effect Points

Ma Chen-tai also discussed the root of a disease or meridian and its side effect or fruit. This is envisaged not as the main effect but as the possible side effect of a disease, or as the manifestation of a disease affecting the meridian. The root points are on the limbs, the side effect points on the trunk or head (Fig. 8.21).

Meridian	Root	Side Effect
Bladder	B59	B1
Gall bladder	G44 and G43	SI19
Stomach	S45	S9 and S4
Spleen	Sp6	B20 and Cv23
Kidney	K8	B23
Liver	Liv4	BI8
Small intestine	SI6	B2
Triple warmer	T3	T23
Large intestine	Liv1 and Liv4	L20
Lung	L9	L1
Heart	H7	BI5
Pericardium	P6	PI

Selection of Acupuncture Points

Acupuncture points that are near the site of symptoms often have a greater local effect especially in painful conditions.

Points that are far away, especially the important points below the knee and elbow, often have a greater systemic effect.

Often the associated and alarm points stimulated together have a greater effect than each alone.

Some like to combine the source and connecting points.

The accumulation point and the appropriate one of the eight meeting points may be combined advantageously. For example S34 the accumulating point of the stomach may be used with Cv12 the meeting point of the Yang hollow organs (Fu) in epigastric pain with heartburn.

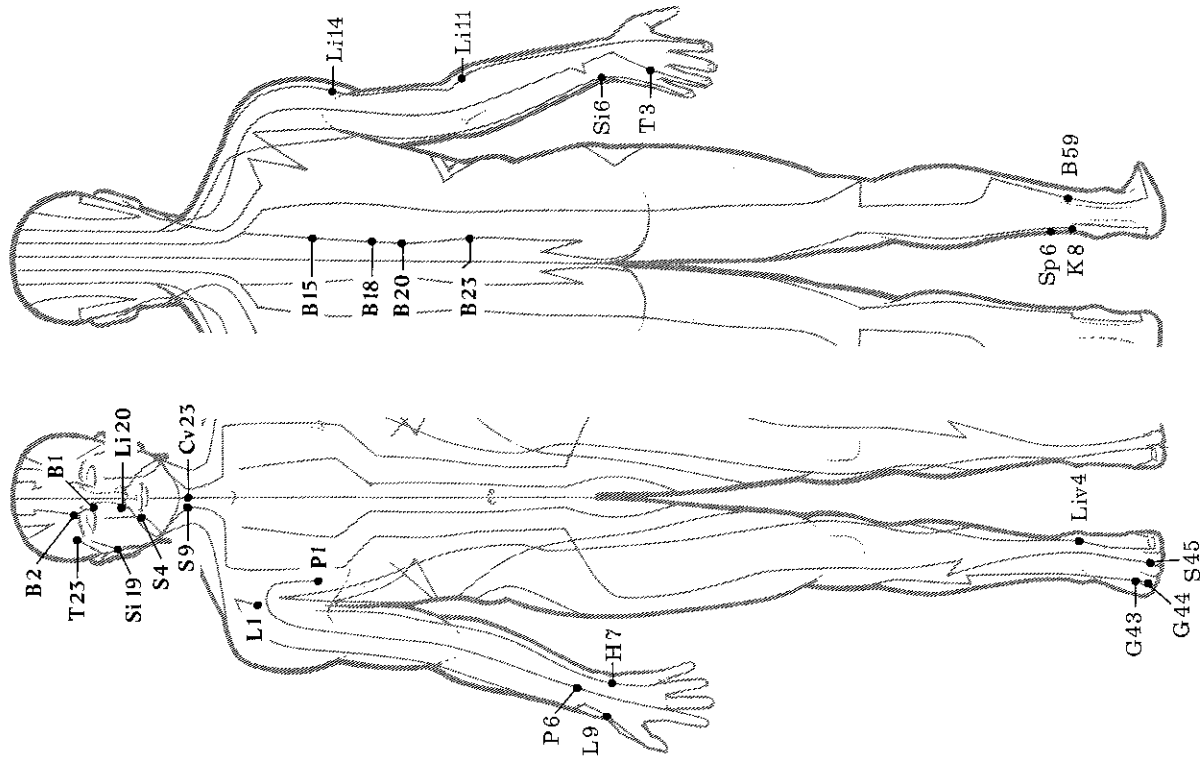


FIG. 8.21 Root (light print) and side effect (heavy print) points

IX

PULSE DIAGNOSIS

The pulse diagnosis is the key-stone of Chinese traditional diagnosis. It is described in detail in the ancient treatises (Fig. 9.1).*

'One should feel whether the pulse is in motion or whether it is still. When the upper pulse is abundant, then the rebellious Qi rises. When the lower part is abundant, then the Qi causes a swelling in the abdomen. If the pulse appears to stop then the Qi has decayed.'

(Su Wen, Ch. 17.)

'The "feon" pulse is like a weak wind that puffs up the feathers on the back of a bird, flustering and humming; like the wind that blows over autumn leaves; like water that moves the same swimming piece of wood up and down...'

'If the pulse (at position III, left, deep) of the kidney is slightly hard... resistant... it is normal. If it is very hard, as hard as a stone, there will be death...'

(Hübbotter, P. 179)

A doctor skilled in its practice would—without ever speaking to or seeing the face or body of his patient and with no more contact than a hand thrust through a hole in a curtain to give access to the radial artery of the wrist—be able to arrive at a reliable diagnosis in a matter of minutes.

It can be used to confirm a diagnosis already arrived at by clinical

*Chinese pulse diagnosis, Sung dynasty. After Ilse Veith. The Yellow Emperor's Classic of Internal Medicine, 1949. Williams and Wilkins, Baltimore.